

**This claim must be filed or mailed to your county treasurer by September 30, 2013.**  
Iowa treasurers' addresses can be found at the Iowa Treasurers Association Web site.

Claimant's Last Name	First Name	Claimant's Social Security Number / /	Claimant's Birth Date / / Month Day Year	County Number _ _
Spouse's Last Name	First Name	Spouse's Social Security Number / /		
Street Address			Do not write in this space. ▲	
City, State, ZIP				

Were you 65 or older, or totally disabled and 18 or older, as of December 31, 2012? ..... ☐ **YES** ☐ **NO**  
If less than 65 and totally disabled, you must provide proof of your disability from your doctor or Social Security office describing your disability and the date it began.

## 2012 Household Income (Claimant and Spouse)

- Wages, salaries, unemployment compensation, tips, etc. \_\_\_\_\_
- In-kind assistance for housing expenses. \_\_\_\_\_
- Title 19 benefits (excluding medical benefits). \_\_\_\_\_
- Social Security income. \_\_\_\_\_
- Disability income. \_\_\_\_\_
- All pensions and annuities. \_\_\_\_\_
- Interest and dividend income. \_\_\_\_\_
- Profits from businesses and / or farming and capital gain.  
If less than zero, enter 0. See instructions. \_\_\_\_\_
- Money received from others living with you. See instructions. \_\_\_\_\_
- Other income. Read instructions before making this entry. \_\_\_\_\_
- Add lines 1-10. \_\_\_\_\_
- Medical and care expenses. See instructions. \_\_\_\_\_
- Total household income (line 11 minus line 12). \_\_\_\_\_

Use Whole DOLLARS Only

		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0
		,				.	0	0

<b>For Use By County Treasurer Only</b> Installment Number: _____ Annual Special Assessment Payment: _____ State Reimbursement: _____
--

Do not enter an amount on line 12 unless you are totally disabled and incurred medical or care expenses attributable to your disability. List below the nature and amount of each expense included on line 12.

---



---



---

I declare under **penalty of perjury** that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

(\_\_\_\_\_)\_\_\_\_\_  
Claimant's Telephone Number

**WHO IS ELIGIBLE:**

You are eligible to claim a special assessment credit if your total household income was not more than \$10,991 and you were: (a) 65 years of age or older by December 31, 2012, or (b) totally disabled and 18 years of age or older by December 31, 2012.

**Line 1: Wages, salaries, unemployment compensation, tips, etc.** - Enter the total wages, salaries, unemployment compensation, tips, bonuses, and commissions received.

**Line 2: In-kind assistance** - Enter any portion of your housing expenses, including utilities that was paid for you. Do not enter Federal Energy Assistance.

**Line 3: Title 19 benefits** - Enter your Title 19 benefits received for housing expenses. Do not include medical benefits.

**Line 4: Social Security income** - Enter the total Social Security benefits received, even if not reportable for income tax purposes. Include any Medicare premiums withheld.

**Line 5: Disability income** - Enter the total received for disability or injury compensation, even if not reportable for income tax purposes.

**Line 6: All pensions and annuities** - Enter the total received from pensions and annuities, even if not reportable for income tax purposes.

**Line 7: Interest and dividend income** - Enter taxable interest income, plus **all** interest income from federal, state, and municipal securities.

Enter taxable dividends and distributions received. Include cash dividends and dividends paid in the form of merchandise or other property and report at fair market value.

**Line 8: Profit from business and/or farming and capital gain** - Enter profit from business and/or farming, and any gain received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for income tax purposes. **Any loss must be offset against gain, and a net loss must be reported as zero.**

**Line 9: Monetary contributions** - Enter money received from others living with you. Do not include goods and services received.

**Line 10: Other income** - Enter total income received from the following sources:

- (a) Child support and alimony payments.
- (b) Welfare payments. Report FIP and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (food, clothing, food stamps, medical supplies, etc.)
- (c) Insurance income not reported elsewhere.
- (d) Gambling, and all other income not reported elsewhere.

**Line 11: Total** - Add lines 1 through 10. Enter total here.

**Line 12: Medical and care expenses** - Enter all medical and necessary care expenses paid during the year which were related to your disability. These are the same as you are allowed to deduct for federal income tax.

**Line 13: Total household income** - Subtract line 12 from line 11. If more than \$10,991, no credit is allowed.

**Return to:**  
**your county treasurer by September 30, 2013.**

**For Assistance:**  
**Contact your**  
**county treasurer.**